



Iowa General Assembly

2005 Committee Briefings

Legislative Services Agency – Legal Services Division

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NURSING STAFF IN HOSPITALS STUDY COMMITTEE

Meeting Date: [October 18, 2005](#)

Purpose. *This compilation of briefings on legislative interim committee meetings and other meetings and topics of interest to the Iowa General Assembly, written by the Legal Services Division staff of the nonpartisan Legislative Services Agency, describes committee activities or topics. The briefings were originally distributed in the Iowa Legislative Interim Calendar and Briefing. Official minutes, reports, and other detailed information concerning the committee or topic addressed by a briefing can be obtained from the committee's Internet page listed above, from the Iowa General Assembly's Internet page at <http://www.legis.state.ia.us>, or from the agency connected with the meeting or topic described.*

NURSING STAFF IN HOSPITALS STUDY COMMITTEE

October 18, 2005

Co-chairperson: Senator Joe Bolkcom

Co-chairperson: Senator James Seymour

Co-chairperson: Representative Linda Upmeyer

Overview. The Nursing Staff in Hospitals Study Committee is charged with reviewing the nurse staffing needs of hospitals in the state of Iowa and making recommendations for options to improve hospital nurse staffing levels. The agenda included presentations concerning the nurse staffing experience in California and the Iowa Hospital Association's perspective on nurse staffing, the nursing organization environment in Iowa and a joint position paper developed by the Iowa Nurses Association and the Iowa Organization of Nurse Leaders, the results of a series of public hearings relating to nurse staffing conducted by the Iowa Department of Public Health, the perspective of the Service Employees International Union and a contrasting view of the nurse staffing experience in California, a discussion of demographic trends in Iowa, and a presentation by individuals affiliated with the University of Iowa College of Nursing and University of Iowa Hospitals and Clinics.

Nurse Staffing Experience in California/Iowa Hospital Association.

- Ms. Dorel Harms, MS, RN, FACHE, Vice President, Professional Services, California Hospital Association, provided a perspective on the history and implementation of mandated nurse-to-patient ratios in California. Ms. Harms indicated that California ranks 49th nationally in the number of registered nurses and that legislation establishing mandated ratios was not accompanied by an appropriation, resulting in a cost to hospitals of approximately 1 billion per year. She maintained that the legislation's intent of increasing the number of licensed nurses and improving the quality of patient care has in large part not been realized, cited a requirement that the ratios be implemented "at all times" as burdensome and an impetus for litigation, related that an increased diversion of patients and hospital closing rates has been experienced, cited conflicts with federal law and between state agencies, and stated that fewer than one in nine hospitals across the state is in compliance with the law.
- Mr. Greg Boattenhamer, Senior Vice President, Government Relations, Iowa Hospital Association, indicated that the association is opposed to and views as unnecessary staff ratio mandates and overtime restrictions. He stated that ratios fail to recognize constantly evolving patient care needs, ignore nurse shortage issues, lead to disparate results depending upon a hospital's financial resources, and provide a disincentive to exceed the mandated minimums. He added that mandatory overtime is, in the association's view, not generally being imposed by Iowa hospitals.
- Ms. Kathy Ripple, Director of Home Care, Finley Hospital, Dubuque, provided input representing Finley and affiliate hospitals of the Iowa Health System. Ms. Ripple expressed opposition to mandated ratios, which she characterized as a one-size-fits-all approach to a constantly fluctuating patient care environment requiring staffing decisions by hospital staff physically present at the facility. She also expressed opposition to mandatory overtime prohibitions, stating that while Iowa Health System affiliate hospitals have been successful in voluntarily avoiding mandatory

overtime, an outright prohibition would impede flexibility, jeopardize patient safety, and potentially close hospital beds and emergency departments.

Nursing Organization Environment and Position Statement on Determining Appropriate Nurse Staffing.

- Ms. Karol Joenks, RNC, BSN, President, Iowa Nurses Association, accompanied by Ms. Linda Goeldner, CHE, CAE, Executive Director, Iowa Nurses Association, provided an overview of various organizations representing nurses in the state. Ms. Joenks related the development and operation of the American Nurses Association and its state affiliate, the Iowa Nurses Association, explained that the American Nurses Association has developed standards of nursing practice, a societal contract, and an ethical code, and described the association's representation of nurses for all work environment settings where there is no collective bargaining relationship, and some specified collective bargaining situations. Ms. Joenks also listed other organizations representing staff nurses for collective bargaining. Additionally, she presented a position statement relating to principles for determining nurse staffing jointly developed by the Iowa Organization of Nurse Leaders and the Iowa Nurses Association. The statement emphasizes that appropriate nurse staffing can only be achieved through a decision-making process in which nurses themselves evaluate and respond to staffing needs, with patient care needs determining the level of staffing. Ms. Joenks indicated that government mandates tie the hands of nurses and deprive them of needed flexibility.
- Ms. Mary Ann Osborn, RN, Vice President, Chief Clinical Officer, St. Luke's Hospital, Cedar Rapids, provided additional input from the Iowa Organization of Nurse Leaders' perspective, reiterating that mandatory ratios reduce flexibility in a dynamic work environment, and that shared governance between nurses and hospital administrative staff should be a guiding principle regarding staffing decisions.

Public Hearings on Nursing — Summary Report.

- Ms. Eileen Gloor, RN, MSN, Executive Director, Center for Health Workforce Planning, Bureau of Health Care Access, Iowa Department of Public Health, summarized the results of a series of public hearings conducted during September 2005 addressing nurse staffing issues. Ms. Gloor included both the comments of participants at the hearings and nurses submitting written comments either on their own behalf or on behalf of colleagues, employers, or professional organizations. Regarding legislation to regulate nurse staffing ratios, Ms. Gloor observed that an overwhelming majority of oral statements at the hearings opposed government intervention in the regulation of nurse staffing or overtime, whereas a slight but discernible majority of written comments expressed that ratios would improve staffing in some instances. She indicated that participants were divided as to whether mandatory overtime is being imposed by Iowa hospitals, that no participants supported the use of mandatory overtime as a planned staffing strategy, and that many stressed the need for flexible staffing capability. Ms. Gloor stated that in considering the role the General Assembly should play with regard to nurse staffing and related issues, participants identified focusing on issues that improve the quality of patient care, listening to nurses who provide and manage direct patient care, recognizing the complexity of nurse staffing decisions, and addressing the nurse shortage directly as important factors.

Service Employees International Union — Staff Nurse Perspective and Contrasting Viewpoint on the California Experience.

- Ms. Cathy Singer-Glasson, RN, President, Service Employees International Union (SEIU) Local 199, and Chairperson of SEIU Nurse Alliance, introduced the presentation by calling for inclusion of nurses in decision making, identifying the nursing shortage as a looming crisis, indicating that the supply and demand for nurses is out of sync, stating that nurse staffing levels are directly linked to patient outcomes, and maintaining that a perception that nurses are against mandated ratios can be viewed as based upon a reluctance to speak out for fear of employer reprisals.
- Ms. Beth Capell, PhD, Capell and Associates, provided a contrasting view of the California experience with mandated staffing ratios. Dr. Capell maintained that patient acuity or classification systems as a staffing solution alone are not sufficient but work well when combined with ratios, that hospital revenue since imposition of ratios is profitable and growing, that the cost of ratio implementation is actually less than 1 percent of revenue, that relatively few hospitals have closed since implementation and for reasons other than imposition of ratios, that the state is experiencing an increase in the number of new registered nurses, that nurses were involved in the determination of ratio levels, and that imposition of the ratios has improved patient care.
- Ms. Sarah Swisher, RN, Policy Director, SEIU, related that as a nurse employed by the University of Iowa Hospitals and Clinics she observed an atmosphere that promotes nurse leadership, and cited national studies and research supporting ratios and documenting nurse burnout. She commented that during a nurse's career they will invariably experience at least one negative patient outcome as a result of low nurse staffing.
- Ms. Ann Gentil-Archer, RN, SEIU Union Representative, stated that she works as a patient and nurse advocate with nurses protected through collective bargaining efforts at the University of Iowa and Finley Hospital in Dubuque. Ms. Gentil-Archer indicated that little oversight regarding hospital nurse staffing decisions exists. She described the formation and operation of nurse staffing committees that facilitate discussions between bedside nurses and nurse

managers regarding quality patient care issues, and which utilize forms on which nurses may report staffing concerns. She reiterated the position that nurses not represented by collective bargaining are reluctant to express their concerns.

- Ms. Karen Leigh, RN, described the utilization of acuity scales by hospitals to assign time values as a basis for staffing decisions, and indicated that hospital budget constraints and an exodus of bedside nurses from the profession have resulted in unrealistic staffing expectations.

Demographic Trends in Nursing. Ms. Lorinda Inman, RN, MSN, Executive Director, Iowa State Board of Nursing, provided a series of charts detailing the number of licensed nurses in the state, full-time versus part-time employment, basic employment statistics, and maps indicating nurse residence by county and population by county of employment.

University of Iowa Perspective.

- Ms. Linda Everett, RN, PhD, CNAA, BC, Associate Director, Chief Nursing Office, University of Iowa Hospitals and Clinics, and Director, Department of Nursing Services and Patient Care, University of Iowa College of Nursing, accompanied by Ms. Linda Chase, RN, MA, CNAA, Senior Assistant Director, Nursing Administration Department of Nursing Services and Patient Care, provided nurse staffing perspectives from the university's standpoint. Ms. Everett emphasized that a critical global nursing shortage is developing, that the nursing workforce is aging, that hospitals must use multiple resources for the continual recruitment of nurses, that aggressive and comprehensive registered nurse retention strategies must be employed by health care providers, that salaries and benefits need to be competitive with other states, and that educational assistance programs for nursing students are needed. She discussed the need for innovative staffing strategies offering shift and schedule flexibility, the use of evidence-based practice and business concepts to change nurse workflow, the measurement of nursing-sensitive outcomes, and the need for collaboration regarding staffing concerns.
- Ms. Liz Swanson, PhD, RN, Associate Professor, University of Iowa College of Nursing, provided input regarding the nursing faculty shortage at both the state and national levels, citing as contributing factors budget constraints, an aging faculty, increasing job competition and the lack of role models, and master's and doctoral programs not meeting the demand for nurse graduates. She discussed strategies being undertaken nationally by the American Association of Colleges of Nursing to counter the trend, provided statistics and projections regarding the scope of the faculty shortage and faculty vacancies within the state, and indicated that, at the state level, loan repayment programs, scholarships, and creative programs may be employed in an effort to give priority to individuals interested in teaching.

Committee Discussion. Committee members identified the primary issues emerging from the meeting as mandatory ratios, mandatory overtime prohibition, and whistleblower protection, and generally agreed that no consensus appeared to emerge regarding the first two issues. Concerning whistleblower protection, members commented that conflicting information was presented regarding the extent to which nurses are currently protected. It was determined that a conference call would be scheduled at a later date after members had a chance to review and consider the information presented at the meeting, during which possible recommendations would be discussed.

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